HETZEL CARE CENTER INC

1840 PRIDDY ST

BLOOMER 54724 Phone: (715) 5	568-2503	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Ope	eration: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/	′04): 31	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	31	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	31	Average Daily Census:	29

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04) %
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	38.7
Supp. Home Care-Personal Care	No					1 - 4 Years	41.9
Supp. Home Care-Household Services	No	Developmental Disabilities	3.2	Under 65	0.0	More Than 4 Years	19.4
Day Services	Yes	Mental Illness (Org./Psy)	32.3	65 - 74	9.7		
Respite Care	Yes	Mental Illness (Other)	6.5	75 - 84	32.3		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.6	********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	19.4	95 & Over	6.5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	3.2		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	9.7	65 & Over	100.0		
Transportation	No	Cerebrovascular	9.7			RNs	12.6
Referral Service	No	Diabetes	6.5	Gender	%	LPNs	7.1
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	j	Other Medical Conditions	9.7	Male	41.9	Aides, & Orderlies	41.4
Mentally Ill	No			Female	58.1		
Provide Day Programming for	j		100.0				
Developmentally Disabled	No		als als als als als als als als		100.0	*******	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		Ī	Private Pay	!		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	227	18	90.0	126	0	0.0	0	8	88.9	140	0	0.0	0	0	0.0	0	28	90.3
Intermediate				0	0.0	0	0	0.0	0	1	11.1	131	0	0.0	0	0	0.0	0	1	3.2
Limited Care				2	10.0	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	6.5
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		20	100.0		0	0.0		9	100.0		0	0.0		0	0.0		31	100.0

HETZEL CARE CENTER INC

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of		Number of
Private Home/No Home Health	31.3	Daily Living (ADL)	Independent	One	Or Two Staff		Residents
Private Home/With Home Health	0.0	Bathing	0.0		90.3	9.7	31
Other Nursing Homes	12.5	Dressing	12.9		77.4	9.7	31
Acute Care Hospitals	56.3	Transferring	12.9		77.4	9.7	31
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.7		80.6	9.7	31
Rehabilitation Hospitals	0.0	Eating	64.5		22.6	12.9	31
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	32	Continence		8	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	6.5
Private Home/No Home Health	34.4	Occ/Freq. Incontine	nt of Bladder	58.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	61.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	25.0	Mobility			Receiving Tube	Feeding	3.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	19.4
Rehabilitation Hospitals	0.0				, , , , , , , , , , , , , , , , , , ,		
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	40.6	With Pressure Sores		3.2	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	32			0.0	Receiving Psyc	hoactive Drugs	45.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.5	88.5	1.06	88.3	1.06	90.5	1.03	88.8	1.05
Current Residents from In-County	87.1	80.0	1.09	78.3	1.11	82.4	1.06	77.4	1.12
Admissions from In-County, Still Residing	34.4	17.8	1.93	28.4	1.21	20.0	1.72	19.4	1.77
Admissions/Average Daily Census	110.3	184.7	0.60	106.8	1.03	156.2	0.71	146.5	0.75
Discharges/Average Daily Census	110.3	188.6	0.59	105.3	1.05	158.4	0.70	148.0	0.75
Discharges To Private Residence/Average Daily Census	37.9	86.2	0.44	34.7	1.09	72.4	0.52	66.9	0.57
Residents Receiving Skilled Care	90.3	95.3	0.95	95.2	0.95	94.7	0.95	89.9	1.00
Residents Aged 65 and Older	100	92.4	1.08	95.8	1.04	91.8	1.09	87.9	1.14
Title 19 (Medicaid) Funded Residents	64.5	62.9	1.03	56.6	1.14	62.7	1.03	66.1	0.98
Private Pay Funded Residents	29.0	20.3	1.43	34.0	0.85	23.3	1.25	20.6	1.41
Developmentally Disabled Residents	3.2	0.9	3.64	0.6	5.35	1.1	2.88	6.0	0.53
Mentally Ill Residents	38.7	31.7	1.22	41.0	0.94	37.3	1.04	33.6	1.15
General Medical Service Residents	9.7	21.2	0.46	13.6	0.71	20.4	0.47	21.1	0.46
Impaired ADL (Mean)	45.8	48.6	0.94	50.8	0.90	48.8	0.94	49.4	0.93
Psychological Problems	45.2	56.4	0.80	62.7	0.72	59.4	0.76	57.7	0.78
Nursing Care Required (Mean)	4.0	6.7	0.60	7.4	0.54	6.9	0.59	7.4	0.54